

Assessing

CITY OF CONCORD

Application for

PERMIT TO DEMOLISH/RELOCATE



Application fo	r: Demolition (complete po	ages 1 &2)	☐ Relocation (comp	olete this green section & page 3)	
Date:			Permit Number:		
<u>Owr</u>	ner Information	<u>Contractor Information</u>			
	Name	Name			
Address		Address			
(City, State, Zip	City, State, Zip			
Phone:	□ cell	Phone:		□ cell	
Applicant Signature		Applicant - PRINT Name			
□ Demo Review If structure is greater than 500 s.f. AND more than 50 years old AND visible from the public right-of-way, it is subject to Demolition Review and a delay of up to 49 days. To initiate the review process please fill out this application and return it to the Code Administration Office. The building to be demolished is located on the following property:					
Address:Assessors Lot #:			Zoning District: Page:		
Former Use	e of Building	<u> </u>	Year Built	Type of Construction	
No. of dwelling units	Square Footage	Height		Cost to remove building and materials	
_	must be disconnected prior to a is required to sign below:	demolition	Upon disconnection,	the authorized	
UTILITY	DATE DISCONNECTED		AGENT FOR UTILITY	- SIGNATURE	
Electric					
Natural Gas					
Sewer-Sanitation & Storm					
Steam					
GS Water Billing					
Health Officer					
CDD-Engineering					
Fire					



Demolition materials will be disposed of at:	
Location Name	
Address	
City, State, Zip	
Hazardous materials, inspections and comments:	
A hazardous materials inspection must be performed and abatment, if r completed with a report to the City of Concord prior to dem	
The State of New Hampshire Air Resources Division MUST BE notified of der materials are found. Contact Steve Cullinane at 271-13	
If asbestos or other similar material of hazardous classification is to be re must be obtained from the Code Administration Departm	• •
The owner is hereby permitted to commence demolition of said	d building.
Demolition & Disposal Cost \$ X \$7.60/per thousand	= \$
	\$
Application Fee (non-ref	undable) \$ 25.00
Toto	al Fees <u>\$</u>

RELOCATION



The building to be relocated is currently located on the following property: Zoning District: ____ Address: _____ Page: Assessors Lot #: ☐ Mobile Home ☐ Frame ■ Other Former Use of Building Specify If mobile home, size: No. of dwelling units Square Footage The building will be relocated to: Address The following utilities <u>must be disconnected</u> prior to demolition. Upon disconnection, the authorized agent for each utility is required to sign below: UTILITY DATE DISCONNECTED **AGENT FOR UTILITY - SIGNATURE** Electric Natural Gas Sewer-Sanitation & Storm Steam GS Water Billing **Health Officer CDD-Engineering** Fire Assessing **IMPORTANT! FAXED SIGNATURES WILL NOT BE ACCEPTED** The owner is hereby permitted to commence relocation of said building. Relocation Cost \$ 7.60/per thousand = Application fee (non-refundable) \$ 25.00

Total Fees \$

CONTACT NUMBERS FOR DEMOLITION PERMIT SIGN-OFF



Please note that all utilities <u>must</u> have a signature for date of disconnect. If non-applicable, please leave the line <u>blank</u>. The following is a list of contact numbers.

<u>Electric</u>	Natural Gas	Sewer - Sanitation & Storm
Unitil 1-800-852-3339	Liberty Utilities	Bob Demers
Karolee Boulton	1-603-765-1790	603-228-2737
PSNH 1-800-622-7764	Jeff Guild	
	Unitil 1-800-852-3339 Karolee Boulton	Unitil 1-800-852-3339 Liberty Utilities Karolee Boulton 1-603-765-1790

Jefferson.guild@libertyutilities.com

<u>Steam</u>		<u>Telephor</u>	<u>ne</u>	<u>Water</u>
Concord Steam	Verizon:	Residential	603-555-1611	Rob Young
603-224-1461		Business	603-555-1515	603-225-8693
	AT&T	Residential	800-222-0300	
		Business	800-222-0400	
	Fairpoint	Glenn Sulli	van 226-1424	
	Comcast	Dave Naylor 224	4-1871 X205	

OTHER CITY DEPARTMENTS

Health Officer	Gene Blake	603-225-8580
Fire Dept	Sean Brown/Ken Kiehl	603-225-8651
Engineering	Laura Aibel	603-225-8520
Assessing	Kathy Temchack	603-225-8550